

STAGE 1: DETERMINING LIKELIHOOD OF SUCCESS

Step 1: List the unhealthy CONDITIONS AND BEHAVIORS you are considering changing.

Behavior 1:

Behavior 2:

Behavior 3:

Behavior 4:

Behavior 5:

Behavior 6:

Step 2: Answer the questions below to determine your STAGE OF READINESS TO CHANGE each behavior.

How ready are you to change each of the behaviors or health conditions you are considering?

Circle the number (1,2,3 or 4) which best describes how ready you are to change this behavior

Behavior 1 Behavior 2 Behavior 3 Behavior 4

I am not even thinking about changing this behavior within the next 6 months (Precontemplation)

I am considering changing this behavior in the next 6 months (Contemplation)

I am getting ready to change this behavior in the next month (Preparation)

I changed this behavior within the past six months, but am still working at it (Action)

	Action	Preparation	Contemplation	Precontemplation
Behavior 1:	4	3	2	1
Behavior 2:	4	3	2	1
Behavior 3:	4	3	2	1
Behavior 4:	4	3	2	1
Behavior 5:	4	3	2	1

Step 3: Rate how important you feel it is to change each behavior or condition

How important is it that you change this behavior or health condition from your perspective?

Behavior 1:	not at all	a little	moderate amount	very much
How much will changing this behavior or health condition improve....				
1. Your health?	1	2	3	4
2. Your quality of life?	1	2	3	4
3. Your social relationships?	1	2	3	4
4. Your financial situation?	1	2	3	4

Add up all the circled numbers: _____
Divide the total by 4: _____

Behavior 1:	not at all	a little	moderate amount	very much
How much will changing this behavior or health condition improve....				
1. Your health?	1	2	3	4
2. Your quality of life?	1	2	3	4
3. Your social relationships?	1	2	3	4
4. Your financial situation?	1	2	3	4

Add up all the circled numbers: _____
Divide the total by 4: _____

Behavior X:	not at all	a little	moderate amount	very much
How much will changing this behavior or health condition improve....				
1. Your health?	1	2	3	4
2. Your quality of life?	1	2	3	4
3. Your social relationships?	1	2	3	4
4. Your financial situation?	1	2	3	4

Add up all the circled numbers: _____
 Divide the total by 4: _____

Step 4: Difficulty Ratings

How difficult do you think it will be for you to change this behavior or condition?

	Very difficult	Somewhat difficult	not very difficult	not at all difficult
Behavior 1:	1	2	3	4
Behavior 2:	1	2	3	4
Behavior 3:	1	2	3	4
Behavior 4:	1	2	3	4

Step 5: Social Pressures

a. How important is it to each of the following people in your life, that you _____ (fill in target behavior)

	very important	somewhat important	somewhat unimportant	not at all important
1. my close friends	4	3	2	1
2. my co-workers	4	3	2	1
3. my spouse, partner or significant other	4	3	2	1
4. other members of my family	4	3	2	1
5. my physician or other health care provider	4	3	2	1

b. How important is it to you to follow the beliefs of each of these people?

	very important	somewhat important	somewhat unimportant	not at all important
1. my close friends	4	3	2	1
2. my co-workers	4	3	2	1
3. my spouse, partner or significant other	4	3	2	1
4. other members of my family	4	3	2	1
5. my physician or other health care provider	4	3	2	1

Scoring

Multiply the value in part "a" times the value in part "b" for each person for each behavior you are considering. Write the result of the multiplication in the line next to each type of person. Then add up the values for each person. Finally, give a rating for each of these totals using the rating scales shown below.

behavior #1: _____

1. my close friends
2. my co-workers
3. my spouse, partner or significant other
4. other members of my family
5. my physician or other health care provider

rating scale: 0-40: 1 (virtually no social pressure)
 41-60: 2 (small social pressure)
 61-70: 3 (some social pressure)
 71-80: 4 (strong social pressure)

behavior #2: _____

1. my close friends
2. my co-workers
3. my spouse, partner or significant other
4. other members of my family
5. my physician or other health care provider

behavior #3: _____
1. my close friends
2. my co-workers
3. my spouse, partner or significant other
4. other members of my family
5. my physician or other health care provider

behavior #4: _____
1. my close friends
2. my co-workers
3. my spouse, partner or significant other
4. other members of my family
5. my physician or other health care provider

Step 6: Personal History

To what extend is this a new behavior in your life?

Behavior #1: _____

- This is a completely new behavior for me. Score = 1
- This behavior is fairly new to me. Score = 2
- This behavior has been a normal part of some times of my life. Score = 3
- This behavior has been a normal part of most of my life. Score = 4

Behavior #2: _____

- This is a completely new behavior for me. Score = 1
- This behavior is fairly new to me. Score = 2
- This behavior has been a normal part of some times of my life. Score = 3
- This behavior has been a normal part of most of my life. Score = 4

Behavior #3: _____

- This is a completely new behavior for me. Score = 1
- This behavior is fairly new to me. Score = 2
- This behavior has been a normal part of some times of my life. Score = 3
- This behavior has been a normal part of most of my life. Score = 4

Step 7: Preliminary perspective on targeted health behaviors and conditions

Review the results of the questionnaires in steps 2 - 6. Write each of the target behaviors or conditions below the words "behavior 1," "behavior 2", etc. Write the numerical scores for each of the steps for each behaviors, then add up the numbers for each behavior to determine the total score.

	Behavior 1	Behavior 2	Behavior 3	Behavior 4	Behavior 5
Readiness to change					
Importance of change					
Difficulty in changing					
Social pressure and motivation					
Past experience					
total score					

Use the key below to determine the likelihood of successfully changing each of the behaviors.

Success very likely: Score of 3 or higher on each of the five scales, AND total score 17 or higher.

Success likely: Score of 3 or higher on at least four of the five scales, OR total score of 14-16.

Success possible: Score of 3 or higher on at three of the five scales, and total score 10 or higher.

Success unlikely: Score of 2 or lower on at least three scales OR total score 9 or lower.

Step 8: Preliminary list of changes You will make

List the health behaviors or health conditions in general categories of likelihood of success. Do not list any if success is unlikely. Within each category, list behaviors or conditions with the highest scores first. Choose one or two health behaviors or conditions you will focus on initially. Write in long term and short term goals for this or these behaviors. When you have successfully achieved your goals for these behaviors, consider changing other behaviors or conditions.

Step 8: Preliminary list of changes You will make

List the health behaviors or health conditions in general categories of likelihood of success. Do not list any if success is unlikely. Within each category, list behaviors or conditions with the highest scores first. Choose one or two health behaviors or conditions you will focus on initially. Write in long term and short term goals for this or these behaviors. When you have successfully achieved your goals for these behaviors, consider changing other behaviors or conditions.

Success very likely

1. Behavior: _____

Long term goal:

Short term goal

a.

b.

2. Behavior: _____

Long term goal:

Short term goal

a.

b.

Success likely

1. Behavior: _____

Long term goal:

Short term goal

a.

b.

2. Behavior: _____

Long term goal:

Short term goal

a.

b.

Success possible

1. Behavior: _____

Long term goal:

Short term goal

a.

b.

2. Behavior: _____

Long term goal:

Short term goal

a.

b.

STAGE TWO: IMPROVING LIKELIHOOD OF SUCCESS

Step 9: Review Benefits

List the benefits you expect to receive from the top three health behaviors or conditions you are considering changing. For each behavior or condition, list the top five health and non health benefits.

Step 10: Rate the importance of the benefits

For each benefit you listed, rate how important that benefit is to you, using the scale below. For all further reviews, consider only behaviors which are rated as "strong perceived benefits" or "moderate perceived benefits."

example

Behavior change: Exercising regularly

<u>Health Benefits of behavior</u>	<u>very important</u>	<u>somewhat important</u>	<u>not very important</u>	<u>not at all important</u>
<u>How important is it to you to....</u>				
1. Avoid heart disease?	4	3	2	1
2. Avoid high blood pressure?	4	3	2	1
3. Avoid diabetes?	4	3	2	1
4. Avoid colon cancer?	4	3	2	1
5. Lose or maintain weight?	4	3	2	1

Non-Health Benefits of behavior

How important is it to you to....

1. Have more energy?	4	3	2	1
2. Feel better emotionally?	4	3	2	1
3. Be able to participate in more activities like skiing, walking, dancing etc., that require you to be fit?	4	3	2	1
4. Look fit to friends, family and other people?	4	3	2	1
5. Go about your daily activities without pain?	4	3	2	1

Add up all the circled numbers: _____
Divide the total by 5: _____

Scoring key

Strong perceived benefits: 3.56 to 4.0

Moderate perceived benefits: 3.0 to 3.55

Weak perceived benefits: less than 3.0

Behavior 1: _____

Health benefits

- 1.
- 2.
- 3.
- 4.
- 5.

Non-Health benefits

- 1.
- 2.
- 3.
- 4.
- 5.

Behavior 2: _____

Health benefits

- 1.
- 2.
- 3.
- 4.
- 5.

Non-Health benefits

- 1.
- 2.
- 3.
- 4.
- 5.

Behavior 3: _____

Health benefits

- 1.
- 2.
- 3.
- 4.
- 5.

Non-Health benefits

- 1.
- 2.
- 3.
- 4.
- 5.

Step 11: Measuring outcome efficacy: Likelihood of receiving the benefit

Consider the health and non health benefits you listed in step 10 for each of the behaviors you rated as "Strong perceived benefits" or "Moderate perceived benefits." How likely do you think it is that you will actually achieve these benefits if you are successful in making the changes you are considering? Circle the answers below.

Health Benefits of behavior

If you quit smoking, how likely is it that you will....

1. Avoid lung, throat, or mouth cancer?
2. Avoid heart disease?
3. Avoid asthma?
4. Avoid emphysema?
5. Avoid impotence?

	Very likely	Somewhat likely	Somewhat unlikely	Very unlikely
1. Avoid lung, throat, or mouth cancer?	4	3	2	1
2. Avoid heart disease?	4	3	2	1
3. Avoid asthma?	4	3	2	1
4. Avoid emphysema?	4	3	2	1
5. Avoid impotence?	4	3	2	1

Add up all the circled numbers:

Final Score: Divide the total by 5: _____

Non-Health Benefits of behavior

If you quit smoking, how likely is it that you will....

1. Have fresher smelling breath?
2. Save money normally spent on cigarettes?
3. Avoid conflicts about where you can smoke?
4. Friends and family will no longer ask you to quit smoking?
5. Avoid impotence?

4	3	2	1
4	3	2	1
4	3	2	1
4	3	2	1
4	3	2	1

Add up all the circled numbers:

Final Score: Divide the total by 5: _____

Step 12: Enhancing Outcome efficacy: better understanding the benefits of health behavior changes

To get an accurate sense of the health and other benefits you will probably achieve if you are successful in changing the behaviors you are considering, review the educational materials provided, or discuss this with a health professional. You may wish to change your scores in step 11 after this review.

Step 13: Prioritizing Health Behaviors

For each behavior, multiply the "Final Score" in step 11 times the "Final Score" in step 12 and write the score below. Figure out which behaviors are most important for you to change using the scoring key below.

Health benefits

1. Avoid lung, throat, or mouth cancer?
2. Avoid heart disease?
3. Avoid asthma?
4. Avoid emphysema?
5. Avoid impotence?

Non health benefits

1. Having fresher smelling breath.
2. Saving money normally spent on cigarettes.
3. Avoiding conflicts about where you can smoke.
4. Having friends and family no longer pressure you to quit smoking.
5. Avoiding impotence.

Total the scores and divide by 10

Behavior 1: _____
Behavior 2: _____
Behavior 3: _____
Behavior 4: _____

Scoring key

Most important: 14 - 16
Very important: 12 - 13.9
Somewhat important: 9 - 11.9
Not important: 0 - 8.9

Step 14. Obstacles

Think of the obstacles that will get in your way of practicing each of the behaviors you are considering changing.

Behavior change: Exercising regularly

	major barrier	moderate barrier	minor barrier	not a barrier
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Obstacle Ratings

How much of a barrier will each obstacle have on your exercising regularly?

1. Obstacle 1: (inserted)	4	3	2	1
2. Obstacle 2: (inserted)	4	3	2	1
3. Obstacle 3: (inserted)	4	3	2	1
4. Obstacle 4: (inserted)	4	3	2	1
5. Obstacle 5: (inserted)	4	3	2	1

Behavior change: Quitting smoking

	major barrier	moderate barrier	minor barrier	not a barrier
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Obstacle Ratings

How much of a barrier will each obstacle have on your quitting smoking?

1. Obstacle 1: (inserted)	4	3	2	1
2. Obstacle 2: (inserted)	4	3	2	1
3. Obstacle 3: (inserted)	4	3	2	1
4. Obstacle 4: (inserted)	4	3	2	1
5. Obstacle 5: (inserted)	4	3	2	1

Step 15. Measuring Self Efficacy

How confident are you that you can continue to not smoke even in the following situations:

	Very Confident	Somewhat Confident	Not very Confident	Not at all Confident
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1. If my friends and co-workers continue to smoke.	4	3	2	1
2. If my family members continue to smoke.	4	3	2	1
3. When I feel very stressed.	4	3	2	1
4. If I get the urge to smoke.	4	3	2	1
5. If people encourage me to start smoking.	4	3	2	1

Add up all the circled numbers: _____

Divide the total by 5: _____

How confident are you that you can continue to exercise even in the following situations:

	Very Confident	Somewhat Confident	Not very Confident	Not at all Confident
--	----------------	--------------------	--------------------	----------------------

1. When I am tired.	4	3	2	1
2. When I have to exercise alone.	4	3	2	1
3. When I feel very stressed.	4	3	2	1
4. When I have too much work to do.	4	3	2	1
5. When I am depressed.	4	3	2	1

Add up all the circled numbers: _____

Divide the total by 5: _____

Step 16. Enhancing Self Efficacy

What will you do to enhance your self efficacy for each of the behaviors you are planning to change? Write your ideas below for each of the behaviors.

Behavior #1:

Practicing

Watching

Receiving Coaching

Understanding Physiology and Emotions

Behavior #2:

Practicing

Watching

Receiving Coaching

Understanding Physiology and Emotions

Behavior #3:

Practicing

Watching

Receiving Coaching

Understanding Physiology and Emotions

Step 17. Overcoming Obstacles

What will you do to overcome each of the obstacles you rated as "major" or "moderate" obstacles in step 14? Write these below for each behavior you are thinking about changing. Repeat this step until you feel that none of the obstacles is no longer a "major" obstacle.

STAGE 3: DEVELOPING A BEHAVIOR CHANGE PLAN

Step 18. Determining Technical Knowledge or Expert Advice Required

For each of the behaviors you are changing, list the technical knowledge or expert advice that will help you successfully implement your plan, and where you can find it.

Behavior #1:

Behavior #2:

Behavior #3:

Step 19. Creating A Supportive Environment

How will you ALTER Your SURROUNDINGS to support the changes you plan to make?

List alterations at home which would make it difficult to practice the old behaviors.

List alterations at work which would make it difficult to practice the old behaviors.

List alterations in other settings which would make it difficult to practice the old behaviors.

List alterations at home which would make it easy to practice the new behaviors.

List alterations at work which would make it easy to practice the new behaviors.

List alterations in other settings which would make it easy to practice the new behaviors.

Step 20. Reward Yourself and plan Celebrations

How important is it to you to receive rewards or have celebrations as you accomplish each of your short and long terms goals?

- Very important
- Somewhat important
- Somewhat unimportant
- Not at all important

If it is very important or somewhat important for you to receive rewards, list rewards you will give yourself. List rewards that are compatible with your behavior changes goals.

List rewards for achieving short term goals.

List rewards for achieving long term goals.

Step 21. Build changes into your routine

What will you do to build your planned changes into your daily routine? For example, when will you schedule exercise, you do not have to constantly remind yourself to exercise? For eating changes, how will you change your shopping, cooking and eating routines to make these changes?

Behavior #1:

Behavior #2:

Behavior #3:

Step 22: Build Your Social Support Network

List at least two people who will help you with each behavior change. This help might include providing encouragement, monitoring, expert advice, or practicing the new behavior with you.

Behavior #1:

Behavior #2:

Behavior #3:

Step 23: Make a COMMITMENT to a FRIEND.

For each of the health behaviors or conditions you have decided to change NOW, complete a Behavior Change Contract with a friend who will agree to help you make these changes. After you succeed in making these changes, and start to ~~make~~ another behavior, sign a new contract for that new behavior with a friend.

Contract for Behavior Change

I, _____, pledge to meet the following goal: _____ My friend, who has signed this contract below, agrees to provide me with the following supportive actions:

1. _____
2. _____
3. _____

We will meet on _____ (date), to discuss my progress and to confirm support for my behavior change efforts.

date

date

Contract for Behavior Change

I, _____, pledge to meet the following goal: _____ My friend, who has signed this contract below, agrees to provide me with the following supportive actions:

1. _____
2. _____
3. _____

We will meet on _____ (date), to discuss my progress and to confirm support for my behavior change efforts.

date

date

Contract for Behavior Change

I, _____, pledge to meet the following goal: _____ My friend, who has signed this contract below, agrees to provide me with the following supportive actions:

1. _____
2. _____
3. _____

We will meet on _____ (date), to discuss my progress and to confirm support for my behavior change efforts.

date

date

Step 24: Summarize Plans and Identify Milestones

Reviews all the plans you have been made in steps xx.xxx and summarize what behaviors changes you will make, when you will make them, the support features most important in your successful change.

STAGE 4: MONITOR YOUR PROGRESS

Step 25: Monitor Your Progress

Monitor your progress in practicing your health behavior goals, and reaching your health related goals at each of the intervals shown below. At each of these times, reflect on how well your plan is working, what elements of your plan need to be changed, and if your goals need to be changed. If possible, set an appointment with a friend, counselor or teacher to discuss your progress at each of these times.

Monitoring dates

- 1 week
- 2 weeks
- 3 weeks
- 4 weeks
- 2 months
- 1 quarter (3 months)
- 2 quarters (6 months)
- 3 quarters (9 months)
- 1 year